

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34800

NOV 6 1943 132
Registration District No.

Primary Registration District No. 5474

Registrar's No. 143

1. PLACE OF DEATH:

- (a) County Grundy
(b) City or town Jefferson
(c) Name of hospital or institution R.F.D. 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 9 yrs. (Specify whether years, months or days)

In this community 9 yrs.3. (a) PRINT FULL NAME Belva May Stollmeyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George S. Stollmeyer 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov 20 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Half Rock, Mo. Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer's wife

11. Industry or business Farm

12. Name Benjamin F. Powell

13. Birthplace Unknown Ill
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Carr

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Stollmeyer

- (b) Address Jefferson MO

17. (a) Burial (b) Date thereof Oct 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Half Rock Cem. MO

18. (a) Signature of funeral director Scholar Funeral Home

- (b) Address Jefferson MO

19. (a) 10-21-43 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Grundy
(c) City or town Jefferson mail from R.F.D. 1
(If outside city or town limits, write "RURAL")

- (d) Street No. Jamesport, Mo. R.F.D. 1
(If rural, give location)

- (e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1943 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 13th
1943 to Oct. 14th 1943;
that I last saw her alive on Oct. 14th 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage 1 dayDue to Hypertension 3 yearsDue to Not knownOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

23. Signature Oliver F. Duffy (M. D. or other) M.D.

Address Jefferson, Mo. Date signed Oct 14th 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ross Wise

Licensed Embalmer No.

3771

P. O. Address.

Spickard MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.